

L13000092067 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

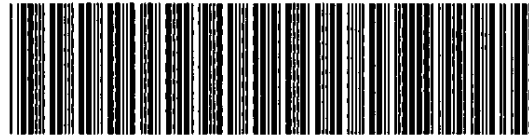
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W13-33803, name not Avail.

Office Use Only



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06/10/13--01037--010 **155.00

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2013 JUN 25 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN 26 2013

EXAMINER



**PANDYA, KAPADIA
& ASSOCIATES, P.A.**

50 Cragwood Road, Suite 205

So. Plainfield, NJ 07080

Certified Public Tel: (908) 769-6500

Accountants Fax: (908) 769-6503

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: NAVINTA II LLC
REF # W13000033803

Dear Barbara,

As per our telephone conversation this is to inform you that Navinta II, Inc. which was formed and dissolved subsequently as by error it was formed as a corporation instead of an LLC. The new company which is being formed as Navinta II LLC is a partnership. The owners of both the entities are the same and that no activity was conducted under the former company which is dissolved.

If you have any questions do not hesitate to contact us at (908 768-6500).

Thanking you,

S. Desai

For Pandya Kapadia & Associates, CPA, PA
June 26, 2013

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TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NAVINTA II LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIPTI DHRUVE

Name of Person

PANDYA KAPADIA & ASSOCIATES CPA P.A.

Firm/Company

50 CRAGWOOD ROAD

Address

SOUTH PLAINFIELD, NJ 07080

City/State and Zip Code

DIPTID@PANDYACPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIPTI DHRUVE

Name of Person

at (**908**) **769-6500**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NAVINTA II LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1003 CLINT MOORE ROAD

UNIT B

BOCA RATON, FL 33487

Mailing Address:

5380 N OCEAN DRIVE

UNIT 24 I

SINGER ISALND, FL 33404

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MAHENDRA PATEL

Name

5380 N OCEAN DTIVE, UNIT 24 I

Florida street address (P.O. Box **NOT** acceptable)

SINGER ISALND, FL 33404

City, State, and Zip

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

M. Patel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

SHIVKRUPA FAMILY LIMITED PTR

5 BEL AIR CT

MILLTOWN, NJ 08810

MGRM

RENNER ASSOCAITES FAMILY LTD PTR

26 DEER PATH

SKILLMAN, NJ 08558

(Use attachment if necessary)

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SOLICITORS OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

M. Patel

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MAHENDRA PATEL

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2013

DIPTI DHURVE
50 CRAGWOOD ROAD
SOUTH PLAINFIELD, NJ 07080

SUBJECT: NAVINTA II LLC
Ref. Number: W13000033803

2013 JUN 25 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for NAVINTA II LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P12000098756.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 213A00014580